



Kansas Department of Health and Environment
Bureau of Air and Waste Management
Forbes Field, Topeka, Kansas 66620



R00087192
RCRA Records Center

Hazardous Waste Generator/Trans. Compliance Inspection Report

General

Time 1:10 P.M. 11 Date 3-19-93

Facility Name Elec-Tron, Inc EPA ID No. KSD007242746

Street 2050 E. Northern City Wichita KS Zip 67216

Mailing address (if different from above) Same

County Sedgwick Phone (316) 522-3401

Contacts Lowell Wiebe

Inspector(s) Barney Walters

Type of Business Manufacture terminal blocks and boards

Has the company declared any information/processes as trade secrets (KSA 65-3447)?
yes, explain. Yes ☒ No ☐

Industrial Wastes Generated

List hazardous wastes first)

Waste:	<u>Waste Naptha</u>	<u>Waste oil (cooling)</u>
Is waste hazardous, give HW ID Number:	<u>D001, D018, D039</u>	<u>non-hazardous</u>
Amount generated per month:	<u>45 lbs every 12 weeks</u>	<u>50 gallons every 12 weeks</u>
Amount presently in storage:	<u>none</u>	<u>none</u>
Accumulation time:		
Waste disposal method:	<u>Safety Kleen hauls</u>	<u>Radium Hauls</u>

Waste:		
Is waste hazardous, give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal method:		

General Requirements (GGR)

Has the facility evaluated all potentially hazardous waste(s) to determine if it is hazardous? (KAR 28-31-4(b)) ☒ Yes ☐ No

A. If waste(s) was tested, was the analysis conducted by a laboratory certified by KDHE? (KAR 28-31-4(b)(3)(A)) Yes ☐ No ☒ NA

B. If waste(s) was tested, are the results kept for three years? (KAR 28-31-4(f)(1)(C))? Yes ☐ No ☒ NA

If hazardous waste(s) is disposed of via the sanitary sewer to a Publicly Owned Treatment Works (POTW), has written permission been obtained from the operator of the POTW? (KAR 28-31-3/40 CFR 261.4) Yes ☒ No ☐ NA

If industrial waste(s) is disposed of at a permitted sanitary landfill, has a disposal authorization been obtained? (KAR 28-29-23) Yes ☐ No ☒ NA

A. If yes, list the authorization number(s): _____

Facility size classification:

☐ Not a Generator ☒ Small Qty. Generator ☐ Kansas Generator ☐ EPA Generator

☐ T/S/D Facility ☐ Transporter ☐ HW Burner/Marketer ☐ Used oil Burner/Marketer

Hazardous Waste Determination Requirements: ☒ Adequate ☐ Inadequate

Notification Requirements (GGR)

Has generator notified KDHE and obtained an EPA Identification Number? (KAR 28-31-4(c)) ☒ Yes ☐ No ☐ NA

Is current notification accurate? (KAR 28-31-4(c)(1)) ☒ Yes ☐ No ☐ NA

A. Is this facility marketing (selling) hazardous waste as a fuel? Yes ☒ No ☐ NA

B. Is this facility marketing (selling) used oil as a fuel? Yes ☒ No ☐ NA

(If yes, to either question A or B, complete Used Oil Fuel Marketers/Blenders Checklist.)

C. Is this facility burning hazardous waste as a fuel? Yes ☒ No ☐ NA

D. Is this facility burning used oil as a fuel? Yes ☒ No ☐ NA

Notification Requirements: ☒ Adequate ☐ Inadequate ☐ NA

(If small quantity generator, stop here.)

ADDITIONAL COMMENTS:

GENERAL:

Elec-Tron, Inc, has been at this location for the past 30 years. There are currently 64 employees. One shift only is worked here. This company manufactures and assembles electrical blocks and boards.

WASTES GENERATED:

The main waste stream generated at this facility is waste naphtha from a Safety Kleen parts washer. Approximately 45 lbs of this waste is generated every 3 months. Waste scrap metals are also generated. These metals are currently being sent to Glickman in Wichita for recycling. This facility also uses acetone and rags to clean and dry parts. According to Mr. Wiebe, the acetone is used in process and the rags are laundered by Western Uniform and Towel. Waste oil is also generated here. Radium Petroleum hauls the oil. The only other waste stream from the manufacturing process is waste "flash", from a molding process. In this process, phenolic molding compound is heated to approximately 350 degrees F, to produce the plastic electrical boards.

RCRA Inspection Supplement

Facility Name Elec-Tron, Inc
Address: 2050 E Northern
City: Wichita
Contact Person: Lowell Wiebe
Phone: 316-522-3401
Date Inspected: 3-19-93

Generator: Yes E.P.A. ID # KSD007240955
Size: SQG Notifier: YES

no Water wells
no Underground storage tanks
no Septic tanks or systems
no Sumps
no Degreasers
no Waste areas with location map
no Discharges of waste streams to sewer lines
no NPDES permit #
no Illegal discharges
no Pictures documenting waste areas

Permit #



Hazardous Waste Compliance Monitoring and Enforcement Log

REC-7-93
6-1-93

FORM
A

RECEIVED

HANDLER: Electron, Inc
NUMBER: KS D007240955
LDF () TSF () GEN () KG () SQ () TRA ()
HWM () HWB () UOM () NOT A GEN ()
AT: N/A CL: 5-12-93
FT: 5-12-93 PCRS: 6-1-93
CITY: Wichita

EVALUATION New ☒ Followup ☐ Delete ☐
Date: 93 03 19 Agency: B Type: CEI Reason: CC Person: BLW District: SC

Bas of Evaluation (EV - Evaluted, NE - Not Evaluted, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other					
ER	<u>EV</u>	GPT	<u>EV</u>	TGR	<input type="checkbox"/>	DCH	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DPP	<input type="checkbox"/>	CAS	<input type="checkbox"/>
BR	<u>EV</u>	GRR	<u>EV</u>	TMR	<input type="checkbox"/>	DCL	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DSI	<input type="checkbox"/>	FEA	<input type="checkbox"/>
LB	<input type="checkbox"/>	GSC	<input type="checkbox"/>	TOR	<input type="checkbox"/>	DCP	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DTR	<input type="checkbox"/>	ILD	<input type="checkbox"/>
MR	<input type="checkbox"/>	GSQ	<u>EV</u>	TRR	<input type="checkbox"/>	DFR	<input type="checkbox"/>	DOT	<input type="checkbox"/>	DTT	<input type="checkbox"/>		<input type="checkbox"/>
OR	<input type="checkbox"/>			TWD	<input type="checkbox"/>	DGS	<input type="checkbox"/>	DPB	<input type="checkbox"/>	DWP	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS No violations noted

VIOATION # Link to:
New ☐ Change ☐ Delete ☐ Comments ☐
Agency: S Number: Area: Class: Priority: Type:
Regulation Citation:
Date Determined: Returned to Compliance:
MM DO YY

Scheduled:
Actual:

VIOATION # Link to:
New ☐ Change ☐ Delete ☐ Comments ☐
Agency: S Number: Area: Class: Priority: Type:
Regulation Citation:
Date Determined: Returned to Compliance:
MM DO YY

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Actual:

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MM DO YY

Scheduled:
Actual:

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New ☐ Change ☐ Delete ☐ Comments ☐
Agency: S Number: Area: Class: Priority: Type:
Regulation Citation:
Date Determined: Returned to Compliance:
MM DO YY

Scheduled:
Actual:

REC-7-93

Hazardous Waste Compliance Monitoring and Enforcement Log

Form B

Case Number:

Handler Name:

VIOLATION # Link to:

New ☐ Change ☐ Delete ☐ Comments ☐

Agency	Number	Area	Class	Priority	Type
S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regulation Citation:

Date Determined: MM DO YY Returned to Compliance: MM DO YY

Scheduled: MM DO YY Actual: MM DO YY

VIOLATION # Link to:

New ☐ Change ☐ Delete ☐ Comments ☐

Agency	Number	Area	Class	Priority	Type
S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regulation Citation:

Date Determined: MM DO YY Returned to Compliance: MM DO YY

Scheduled: MM DO YY Actual: MM DO YY

VIOLATION # Link to:

New ☐ Change ☐ Delete ☐ Comments ☐

Agency	Number	Area	Class	Priority	Type
S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regulation Citation:

Date Determined: MM DO YY Returned to Compliance: MM DO YY

Scheduled: MM DO YY Actual: MM DO YY

VIOLATION # Link to:

New ☐ Change ☐ Delete ☐ Comments ☐

Agency	Number	Area	Class	Priority	Type
S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regulation Citation:

Date Determined: MM DO YY Returned to Compliance: MM DO YY

Scheduled: MM DO YY Actual: MM DO YY

VIOLATION # Link to:

New ☐ Change ☐ Delete ☐ Comments ☐

Agency	Number	Area	Class	Priority	Type
S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regulation Citation:

Date Determined: MM DO YY Returned to Compliance: MM DO YY

Scheduled: MM DO YY Actual: MM DO YY

VIOLATION # Link to:

New ☐ Change ☐ Delete ☐ Comments ☐

Agency	Number	Area	Class	Priority	Type
S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Regulation Citation:

Date Determined: MM DO YY Returned to Compliance: MM DO YY

Scheduled: MM DO YY Actual: MM DO YY

ENFORCEMENT New ☐ Change ☐ Delete ☐

Date: YY MM DO Number: Agency: S Type: District: Person:

COVERED VIOLATIONS Link to:

Agency	Violation Number	Area
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>

Comments: